

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>GRAND ISLAND</u> State: <u>NE</u> ZIP: <u>68801</u> Country: <u>USA</u> Latitude: <u>40.97° N</u> (dd:mm:ss N/S) Longitude: <u>98.31° W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>07/06/2017</u> Local Time: <u>0615</u> mm/dd/yyyy Time Zone: <u>CDT</u>	
Phase of Operation ☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None Altitude of In-Flight Occurrence _____ ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>LUSCOMBE</u> Model: <u>BA</u> Serial Number: <u>2136</u> Registration Number: <u>N45609</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>1260</u> lbs Weight at Time of Accident/Incident: <u>1130</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
--	--	--	--

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown
---	---	--	--

Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	Date Last Inspection: <u>08/08/2016</u> mm/dd/yyyy Airframe Total Time: <u>3187.47</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident
---	--	--

IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown	Type of Fire Extinguishing System ☒ None ☐ Specify: _____
---	---	---

ELT Installed ☒ Yes ☐ No	ELT Activated ☐ Yes ☒ No	ELT Manufacturer: <u>EMERGENCY BEACON CORP.</u> Model/Series: <u>EBC-102 1A</u> Serial Number: <u>23217</u> Battery Type: <u>ALKALINE</u> Battery Exp. Date: <u>09/2017</u>	
ELT Aided in Locating Accident/Incident ☐ Yes ☐ No			

Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected	Propeller ☒ Fixed Pitch ☐ Controllable Pitch Manufacturer: <u>McCaughey</u> Model: <u>1A 90</u>
---	--	--

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm dd yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	CONTINENTAL	A65-8	347588	02/23/1960	65	20760	23.39	1429.07
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>FLYING WRENCHES LLC</u> Fractional Ownership Aircraft: ☒ Yes ☐ No		Owner Address City: <u>GRAND ISLAND</u> State: <u>NE</u> ZIP: <u>68803</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>JOHN CANNELLA</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>GRAND ISLAND</u> State: <u>NE</u> ZIP: <u>68801</u> Country: <u>USA</u>	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☒ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	
Type of Commercial Operating Certificate Held (Select all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KGRI Distance From Airport Center: _____ SM
 Airport Name: HALL COUNTY REGIONAL Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip
 Airport Elevation: 1847 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☒ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: 17 (L/R/C) Length: 7002 ft Width: 150 ft

Runway/Landing Surface (Check all that apply)

☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water
☒ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: _____
 City: _____
 State: _____
 Country: _____

Time of Departure

Time: _____
 Time Zone: _____

Destination

Airport ID: _____
 City: _____
 State: _____
 Country: _____

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☒ Class C ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

5 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☒ Automotive ☐ JP5

☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KGRI
Observation Time: 0614
Time Zone: CDT
Distance from Accident Site: 0 NM
Direction from Accident Site: _____ degrees MAG**Source of Weather Information**

(Check all that apply)

☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☒ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown**Method of Briefing**

(Check all that apply)

☐ In Person
☐ Teletype
☐ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown**Briefing Type/Completeness**☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☒ Not Pertinent**Light Condition**☐ Dawn
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported**Visibility**10 miles**Sky/Lowest Cloud Condition**☒ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown**Ceiling**☒ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown**Restriction to Visibility (Check all that apply)**☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown**Lowest Cloud Condition Height**

ft AGL

Ceiling Height

ft AGL

Wind Direction☐ Indicated:
220 degrees MAG☐ Variable**Wind Speed**Velocity: 8 KTS

-or-

☐ Calm
☐ Light and Variable**Wind Gusts**

Velocity: _____ KTS

☐ Gusting
☒ Not Gusting**Type of Turbulence (Check all that apply)**☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm**Severity of Turbulence**☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: UNK (C)
or _____ (F)Altimeter Setting: UNK in. HG
or _____ MBDensity Altitude: 2600 ftDew Point: UNK (C)
or _____ (F)**Icing Forecast****Amount**☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe**Type**☐ Rime
☐ Clear
☐ Mixed**Icing Actual****Amount**☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe**Type**☐ Rime
☐ Clear
☐ Mixed**Type of Precipitation (Check all that apply)**☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle**Intensity of Precipitation**☐ Light
☐ Moderate
☐ Heavy

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☒ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>JOHN</u> City: <u>GRAND ISLAND</u> Middle Initial: <u>J</u> State: <u>NE</u> ZIP: <u>68801</u> Last Name: <u>CANNELLA</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>70</u> Date of Birth: <u>mm/dd/yyyy</u> Certificate Number: <u>mm/dd/yyyy</u>																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☒ Yes ☐ No Available ☐ Yes ☐ No			Shoulder Harness Used ☐ Yes ☒ No Available ☐ Yes ☒ No																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☒ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military																																																																																																				
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Validity ☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			Date of Last Medical <u>11/05/2015</u> <u>mm/dd/yyyy</u>																																																																																												
Medical Certificate Limitations <u>GLASSES AVAILABLE FOR NEAR VISION</u>																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>12/20/2015</u> <u>mm/dd/yyyy</u>			Flight Review Aircraft Make: <u>P</u> Model: <u>PA 32R/301</u>																																																																																																	
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift			Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																											
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1893</td> <td>64</td> <td>1580</td> <td>314</td> <td>158</td> <td>68</td> <td>168</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1701</td> <td>49</td> <td>1500</td> <td>290</td> <td>150</td> <td>65</td> <td>165</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>708</td> <td>15</td> <td>708</td> <td>0</td> <td>30</td> <td>15</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #cccccc;"> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>20</td> <td>3</td> <td>20</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>7</td> <td>1</td> <td>7</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	1893	64	1580	314	158	68	168				Pilot in Command (PIC)	1701	49	1500	290	150	65	165				Time as Instructor	708	15	708	0	30	15	0				This Make/Model											Last 90 Days	20	3	20	0	0	2	0				Last 30 Days	7	1	7	0	0	1	0				Last 24 Hours	0	0	0	0	0	0	0			
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
						Actual	Simulated																																																																																													
Total Time	1893	64	1580	314	158	68	168																																																																																													
Pilot in Command (PIC)	1701	49	1500	290	150	65	165																																																																																													
Time as Instructor	708	15	708	0	30	15	0																																																																																													
This Make/Model																																																																																																				
Last 90 Days	20	3	20	0	0	2	0																																																																																													
Last 30 Days	7	1	7	0	0	1	0																																																																																													
Last 24 Hours	0	0	0	0	0	0	0																																																																																													

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☒ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: MICHAEL City: MORTON
 Middle Initial: K State: IL ZIP: 61550
 Last Name: HARMS Country: USA
 Age at time of Accident/Incident: 61 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☒ No
 Available ☐ Yes ☒ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☐ None ☒ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

06/17/2016
 mm/dd/yyyy

Medical Certificate Limitations

CORRECTIVE LENSES FOR NEAR & DISTANT VISION

Medical Certificate Waivers

[REDACTED]

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

07/16/2016
 mm/dd/yyyy

Flight Review Aircraft

Make: P
 Model: PA 34-200T

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☒ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☒ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2062	1.5	581	1481	117	149	13.3			
Pilot in Command (PIC)	1812	1.5	525	1287						
Time as Instructor										
This Make/Model										
Last 90 Days	41.3	1.0	1.0	40.3						
Last 30 Days	25.0	1.0	1.0	24.0						
Last 24 Hours	4.3			4.3						

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)											
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious					
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs								
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious					
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs								
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious					
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs								
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)											
Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

07/06/2016 0615 LOCAL AIRPORT TRAFFIC AREA
KGRI
AT ROTATION AIRCRAFT VEERED SHARPLY TO
LEFT. WHEN SAFE FLIGHT NOT ASSURED
FLIGHT INSTRUCTOR LANDED ON GRASS
ADJACENT TO RUNWAY. WHEN TAXIED
BACK TO HANGAR, EXAMINATION REVEALED
BUCKLING OF FUSELAGE SKIN BEHIND
BOTH DOORS. INSPECTION BY A.I.P
SHOWED SUBSTANTIAL DAMAGE TO
AIRCRAFT STRUCTURE.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

07/11/2017
mm/dd/yyyy

Signature and

Signature: _____

Type or Print Name: _____

JOHN CANNELLA**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA17CA403

Reviewed by NTSB Regional Office

GAA

Name of Investigator

JACKIE VANOVER

Date Report Received

07/11/2017